64455

Reg. Dist. No.

**D FUNERAL GIRECTOR**: After this certificate has been signed by the ottending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERA VS A1S (4) 15M 9/SB

1. PLACE OF DEATH a. COUNTY	Dorcheste	r	MARYLA		o. STATE Mary	here deceased live	ed. If instituti b. COUNTY	-		odmission)
b. CITY OR TOWN ( RURAL and give r  Cambr		s, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF	autside carporote	limits, write R	URAL ond g	jive neare:	st tawn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, gi	ive street o	ddress)		/d. STREET ADDRESS  Maryland	Avenue	e Exte	nded		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Firs R	• 5a	Middle Lee		Adams	4. DATE OF DEATH	Mon		Doy 10	Year 19 60
s. sex Female	6. COLOR OR RACE White	7. MARRIE	DIVORCED		cember 4,	1863	AGE (In years ast birthday) 96 yrs.	IF UNDER Manths		Haurs Min.
10a. USUAL OCCUPATI during most of wor House	ON (Give kind of work of rking life, even if retired) WII C		ind of Business or ousewife		Maryl	and	(y)		U. S	HAT COUNTRY
13. FATHER'S NAME Will	iam Johns	on			4. MOTHER'S MAIDEN Elizab	name eth Mo:	rris			
(Yes, no, or unknown)	ER IN U. S. ARMED FORG (If yes, give wor or dates of se	ervice)	ocial security no.	177.0	s Pauline	Adams	Add Can	ress nbrid	ge,	Md.
Canditians, if a gave rise ta cause (o), stating lying cause lost.	the <u>under-</u> DUE TO	A	00 00 m 00 m 00		cardio Vas				20 T 1(a) 19.	years  WAS AUTOPSY PERFORMED? (ES   NO
OR CONTRIBUTING	AS UNDERLYING DEATH	20b. DESC	RIBE HOW INJURY OCC	URRED. (	Enter nature of injury in	Port I ar Part II o	of item 1B.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Manth, Doy, Yea	While	JURY OCCURRED 26 Not while		OF INJURY (Hame, fari y, street, affice bldg., et		tawn)		Caunty)	(Stote
actual signature PHYSICIAN'S NAME (Type)	hat I attended the -10-50  LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL	, 19 	and that d	eath ac	., 19, to	ADDRESS (Street	causes ar , city ar tawn, Camb	nd an the	e date s	stated abave
REMOVAL (Specify Burial 23 FUNERAL DIRECTOR	April 1	3:60		Cen	etery 24g. REC	Feder: O BY REGISTRAN	2 1 5 bu 1			. F. I

DESIGNED DISCOUNTY OF LINEAUS ALC: HIS RIVER OF THE LAND OF THE LAND. ramo CS Competition from the Control of Property Laboration for the Control of th

Process of the state of the sta

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1.4456 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No 4 should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY Dorchester MARYLAND Wicomico Maryland buriol, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest towns 6 mos. 5 days Cambridge Mardela 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Eastern Shore State Hospital YES NO 3. NAME OF 4. DATE First Middle Lost Month Day DECEASED (Type or print) George B DEATH April Asmus 21 1960 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Hours Min. Male White WIDOWED [ DIVORCED | December 18 yes. 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. Printer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margarete Asmus Poges Rudolph Asmus Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 212-08-7681 Unk. RECORDS: Eastern Shore State Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY EMBOLUS CORONARY 5 MIN IMMEDIATE CAUSE (a) DUE TO ARTERIOSCLEROTIC HT. DISEASE Canditions, if any, which gave rise to immediate couse (a), stating the underlying CEREBRAL HEMORRHAGE cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? INTERTROCHANTERIC YES 🔲 NO I 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II af item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) Not while a. m. at work at work D. M. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection D. Inquiry death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** FRED MARYANOV DEPUTY MEDICAL EXAMINER NAME (Type) BURNAL CREMATION, 226, DATE THEREO 22d. LOCATION (City, town, or county) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 246. REGISTRAL'S SIGNATURE VS. A15ME(5) 25'60 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4523 Page 4 should be Reg. Dist. No cremation 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND buriol b. CITY OR TOWN III outside corporate limits, write \$USAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO NAME OF DATE Month Day Year DECEASED COLBOUR (Type or print) 0 9. AGE (In years IF UNDER 24 HRS. IF UNDER TYEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH Months Hours Min. WIDOWED [ DIVORCED T 12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM Give 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONDET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) olong with fa burial-transit DUE TO with 5 Conditions, if ony, which pencil gove rise to immediate couse **DUE TO** (o), stating the underlying cause lost c 0 Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 00 PERFORMED? pending 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. CERTIF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Exami writing the ward 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) i 20f. (City or town) factory, street, office bldg., etc.) Medicol While Not while g. m. of work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection Inquiry and find that to the Chief DIRECTOR: I death resulted fram; Natural causes Suicide . Homicide . Undetermined cause Accident DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER FUNE NAME (Type) cute POLW BURIAL, CREMATION, 22b. DATE THEREOF De. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote) EMOVAL (Specify 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME(S) 3 '60 Circhar & Hears DATE 5M 9/55

MEDICAL

TO DEPU

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MA	RYLAND	STATE	DEPARTMEN	NT OF	HEALTH-	-BALTI	MORE,	18
0	MEDIC	AL EXA	AMINER'S	CERT	IFICATE	OF D	EATH	

	4	502 MI	DICA	L EXAMINER'	S CERTIFICA	ATE OF	DEATH	Reg. Dist;	H-458
1	PLACE OF DEATH	chester		MARYLAND	2. USUAL RESIDENCE	(Where decease yland	d lived. If Institution b. COUNTY		
	b. CITY OR TOWN (III  and give necrest town)  Cambridge	outside corperate limits, wri	e BURAL	c. LENGTH OF STAY IN 16	. 15	(If autside corpodesdale	orate limits, write Ri	URAL and giv	re nearest town)
,		dge-Marylar		pital, give street address)	d. STREET ADDRESS	S			e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	Fin Phi		Middle Lounds	Collison	4. DATE OF DEATH	Month April		Year 19 60
5.	SEX Male	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED   8	May 27, 189		Acres 6 hab 4 at 1	FUNDER TYE	
10	during most of working  Employee St	ON (Give kind of work g life, even if retired) tate Roads	done 10b. K	ind of Business or industrial sion of Md.	Dorchest	-	waryland		S.A.
		W. Colliso			14. MOTHER'S MAIDEN				
	5. WAS DECEASED EVE (et. no. er unknown)	ER IN U. S. ARMED FC (If yes, give war or dates of	service)		NFORMANT Irs. Lloyd M	urphy,	Address Rhodesdal	e, Mar	yland
1	PART I. DEAT	TH [Enter only one ca 'H WAS CAUSED BY: IMMEDIATE CAUSE (a	sh	far (a), (b), and (c).]				li C	nterval between onset and death 2 days
~	824 Canditions, if an		Pa	ralytic ile	us				2 days
I	gave rise to immed (a), stating the v	> DITE TO	Mu	ltiple frac	tures spin	ne and	ribs		2 days
INOIT A DISTAGRA	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIVEN	N IN PART I(c	19. WAS AUTOPSY PERFORMED? YES NO A
		JSE WAS NTRIBUTING []		from grader		Part I or Part II o	of item 18.)		
PACOICAL	20c. TIME OF INJUR		While	Alek Att. fact	CE OF INJURY (Home, fory, street, affice bldg., ghway	etc.) :	or town)	k, Do	
	21. I certify th	ot I took charge		emoins described obc					, ond find tho
	ACTUAL SIGNATURE	Jos	m 2	mel	M.D. CHIEF MEDICAL	EXAMINER DICAL EXAMINER			DATE SIGNED
2	EXAMINER'S Dr				DEPUTY MEDICA	AL EXAMINER	4/15	/60	164-A-3
	20. BURIAL, CREMATIO REMOVAL (Specify)	April 17		the second section of the second	Cemetery	Brook	ON (City, town, or CVIOW, 11a)	ryland	(State)
2	J.J. Frampto	m and bon,	F'eder	alsburg, Pary	land 240. RI	APR 1 8		RAR'S SIGNA	

APR 1 8 '60

DATE

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VS. A15ME(5) 5M 9/55

24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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			CHIEF TO THE PARTY OF	
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				<b>医型性系列整体</b> 更

VS. A15ME(5 5M 9/55

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23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

REMOVAL (Specify)

Cambridge, Md.

Evergreen Cemetery

Rerlin. 24g, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur & thous

(County)

Inquiry

Reg. Dist. No.

Months

Dorchester

. IS RESIDENCE ON A FARM? YES NO T

Year

Min.

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Hours

12. CITIZEN OF WHAT COUNTRY?

U.S.

INTERVAL BETWEEN

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DATE SIGNED

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(State)

HYPERTEN Market I was a financial or of the family about FULL MEDICAL CONTROL OF THE STATE OF THE STA The second secon

	4505 CERTIFICATE OF DEATH
M)	PLACE OF DEATH  o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY  b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give reagest town?  LINGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
067	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTRUMENT OF A PARM?  VESTING NO DESCRIPTION OF THE PROPERTY OF THE PROPERT
3	NAME OF DECEASED (Type or print) Howard IS Jac Henry 4. DATE Month 28 year 1960
	SEX   6. COLOR OF RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   WIDOWED   DIVORCED   5/12/877   875   Windows   W
	Oo. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPPACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY:
1	3. FATHER'S NAME Jenry Jenry Jenry Jenry Jenry Jenry Jenry Jenry
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If yes, give wor or dates of service) 199-03-9429 Seese Strand Cambridge No.
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  (MMEDIATE CAUSE (o) Myocardial failure  INTERVAL BETWEEN ONSET AND DEATH 4 days
	782, 4 DUE TO Conditions, if ony, which ) (b)
	gove rise to immediate couse (a), stating the under-lying couse last.  (c)
0	
GIEGIC	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
400	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.    While   Not while of work   of work   of work   of work   Not while of work   Not while of work   Not wo
	21. I certify that I attended the deceased from April 8, 1960, to April 28, 1960, that I last saw the deceased alive on April 28, 1960, and that death accurred at 8 A. M. from the causes and an the date stated above
	ADDRESS (Street, city or town, stote)  ACTUAL  ACTUAL  Charache St
/	PHYSICIAN'S John Mace Jr. M.D. Cambridge, Md.
2	26. BURIAL, CREMATION, 226, DATE THEREOF 220, NAME OF CEMETERY OF CREMATORY 22d LOCATION (CT), town, or County)  REMOVAL (Specify)  REMOVAL (Specify)  REMOVAL (Specify)
2:	EUNERAL DIRECTOR'S SIGNATURE  ADDRESS W Market 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE MAY 4 '00 CILLING S. THAMA
1777	1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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the funeral director, should be filed with

roed by the hospital or attending physician.

RECTOR: After this certificate has been signed by the attending physician and completely filled and be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 is prior to burial, cremation, or removal, and in any event within 72 hours after death.

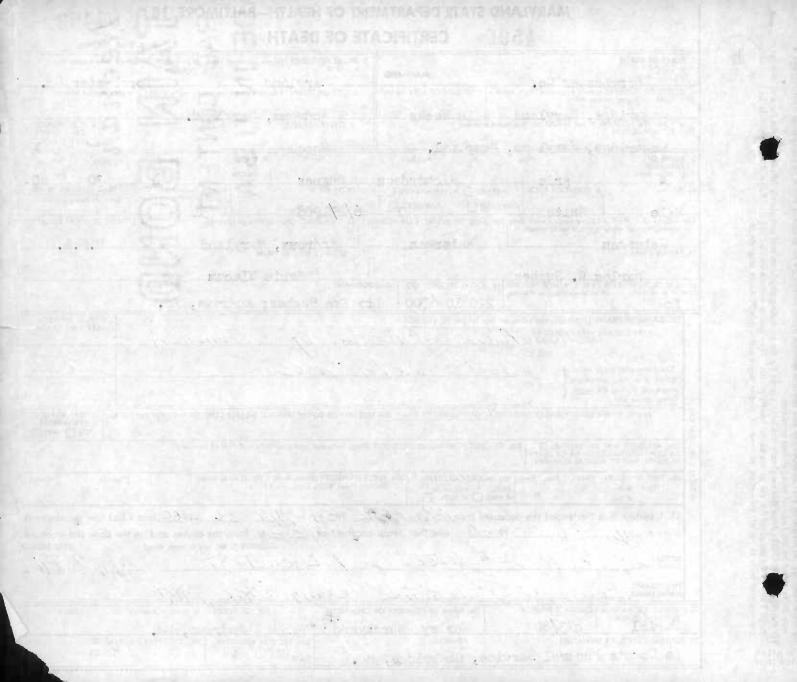
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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5	0	6	CERTIFICATE OF	DE
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		4	506	CERT	IFIC	ATE OF D	EATH		Rea	. Dist. No.	z ( )
	ACE OF DEATH COUNTY	ester Co.		MAR	YLAND	a. STATE	wce (wh		J. If institution: Re-		
b.	CITY OR TOWN (If RURAL and give new	outside carporate limi	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TO	WN (If o	utside corporate li	mits, write RURAL	and give near	est town)
d.	OR INSTITUTION	Marylar	**			d. STREET AD		, Maryla	nd.		IS RESIDENCE ON A FARM? YES NO
3. N/	ME OF CEASED	e, Marylar	st C	ospital. Middl	e	Nor Last	е	4. DATE OF	Month	Doy	Yeor
	(pe or print)	Arie		Richar	dson	Hughe	R	DEATH	1.	30	19 60
5. SEX	X	6. COLOR OR RACE	7. MARR	ED NEVER MARR	IED 🗌	8. DATE OF BIRTH		9. AC			FUNDER 24 HRS.
м	-1-	White	WIDOWE	D DIVORC	ED	6/10/190	R	101	t birthday) Mon	ths Days	Hours Min.
00. i	SUAL OCCUPATIO	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDU			ar foreign country	12	CITIZEN OF	WHAT COUNTRY
3. FA	Waterman	1		Waterman		Andr	AAIDEN N	Marylan	d	U.	S.A.
	Chamla	a II IIl-				195.5					
s. W	AS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	0. 17. 1	INFORMANT	Manı	e Slacum	Address		
Yes, n		f yes, give wor or dates of s	prvice)	20 10 670		Mis Eva H	anhae	. Andros			
		TH [Enter only one co				ILO EVA	rgries	, Andrei	vo, rius	-	VAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	Al	nocore	ino	ma i	f.	5701	nach	ONSE	T AND DEATH
	Conditions, if an	mediate (	w	iff h	10/	astas	es			1	years
	couse (a), stating the lying couse last.	le under-									
1000 I		ER SIGNIFICANT CON	-	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE CON	IDITION GIVEN IN		WAS AUTOPSY PERFORMED? YES NO
	0a. ACCIDENT WAS PR CONTRIBUTING F EITHER, NOTIFY A	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter nature of i	njury in P	ort I or Part 11 of	item 18.)		
MEDICAL	C. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Yea	While of wark	JURY OCCURRED Not while of work	20e. PL fo	ACE OF INJURY (Ho ctary, street, affice b	me, farm, oldg., etc.	20f. (City or to	wn)	(County)	(State)
a	ctual	at I attended the	decease , 19 G		t death	15, 1959, accurred of	15 /	M, from the	causes and a		
PI	HYSICIAN'S AME (Type)	eldis M	17	Burdet	He	Can	shor	idere	Md	LEKIK.	-2,-1-10-0
		, 22b. DATE THEREC	F	22c. NAME OF CEA	AFTERY O	P CREMATORY		22d LOCATION	(City, tawn, ar cour		(State)
B	EMOVAL (Specify)	4/3/60		Wesley						''71	(5101e)
_	NERAL DIRECTOR'S			ADDRESS	311116		4a. REC'D	8Y REGISTRAR	24b. REGISTRAR	SIGNATURE	
	_	Funeral Se	amei a	a Cambud	3		ATE MA			S. Kraus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs ofter death. Page 4 moy be ret VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

HITCH IN THE PROPERTY OF THE P				
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Carried Transport	as Janine	Transfer Della		
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after death. Page

hours

24

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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AND TO THE OF DEATH ..... Control of the Contro 

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4509 **CERTIFICATE OF DEATH**  Reg. Dist. No. 4465

Dorcheste	ייי	MARYL	AND	2. USUAL RESIDENCE (Who o. STATE		b. COUNTY	-			
If outside corporate limit		c. LENGTH OF STAY II	N 15			rote fimits, write Rt				-
		Trife		13 Camb	ridge	9				
	ive street (			d. STREET ADDRESS	4 4 4 5			e.	IS RESI	DENCE
idge Mary	7 and	Hospita		163	Washi	ington S	Stree	t		NO 🔯
		Middle		Lost	4. DATE			Day	Y	eor
Isaa	ic			Jackson	DEATH			20.		960
6. COLOR OR RACE	7. MARR	ED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years	IF UNDER	YEAR I	FUNDE	R 24 HRS.
Negro	WIDOWE	DIVORCED		July 6.187	5	84 yrs.	Months	Doys	Hours	Min.
ON (Give kind of work of	ione 10b.	KIND OF BUSINESS OR	INDUS			ountry)	12. CITI	ZEN OF	WHAT	COUNTRY
ner		Gardening	2	Dorchest	er Co	ounty, Mo	1.	US	A	
	1500									ALE.
Thomas 3	Jacks	son		M	ary	Nichols	5			
R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT						5.50
\$100 miles with 000 000 than \$100.		None	J	ulian Jacks	on, I	Philadel	lphia	, P	a.	
DUE TO  Iny, which mmediate the under-  HER SIGNIFICANT CON	) AT	rterioscl	ero	tic heart d	ISEAS	E CONDITION GIV	EN IN PART		PERFO	RMED?
MEDICAL EXAMINER)										
Nonth, Doy, Yea	While of work	Not while of work	foci	CE OF INJURY (Home, farm, tory, street, office bldg., etc.				ounty)		(Stote)
	If outside corporate limitations is town)  Idge  IAL (If not in hospitol, given war or dates of semination in hospitol, given hospitol,	First  ISAAC  6. COLOR OR RACE  ON Give kind of work done lob.  Thomas  R IN U. S. ARMED FORCES?  (If yes, give wor or dates of service)  THOMAS CAUSE OD  THE RISTONIFICANT CONDITIONS C	of outside corporote limits, write c. LENGTH OF STAY II borest town)  Life  Life  AL (If not in hospitol, give street oddress)  First  Alddle  LSaac  6. COLOR OR RACE  Negro  WIDOWED  DIVORCED  NOTE  Thomas  Jackson  R IN U. S. ARMED FORCES? (If yes, give wor or dotes of service)  THOMAS  THE [Enter only one couse per line for (o), (b), ond (c).]  STH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Ony, which  mmediate the under-  (c)  HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT  HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	If outside corporote limits, write c. LENGTH OF STAY IN 1b corest town)  Idge  ILife  IAL (If not in hospito), give street oddress)  Pidge Maryland Hospital  First Middle  ISaac  6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOWED DIVORCED  ON (Give kind of work done)  ON (Give kind of strong life, even if retired)  ON (Give kind of work done)  ON (Give kind of work done)  INDOME  THOMAS Jackson  RIN U. S. ARMED FORCES?  (It) yes, give wor or dote of service)  None  THOMAS Jackson  RIN U. S. ARMED FORCES?  III (It) yes, give wor or dote of service)  None  THOMAS Jackson  RIN U. S. ARMED FORCES?  III (Enter only one couse per line for (o), (b), ond (c).]  THE (SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT)  HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	Dorchester   Mary   M	Dorchester    Maryland	Dorchester    foutside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write Reports town)   Life	Dorchester    Maryland   Maryland   Dorchester	Dorchester    Combridge   Comb	Dorchester    Maryland   Maryland   Dorcheste

VS A1S (4) 1SM 9/55

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

4510 CERTIFICATE OF DEATH

U4468
Reg. Dist. No.

1, PLACE OF DEATH 0, COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
Dorchester MARYLAND	Maryland b. COUNTY Dorchester
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Cambridge  Life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  13 Cambridge
d. NAME OF HOSPITAL (If not in haspital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
or institution 415 Pine Street	415 Pine Street ON A FARM?
3. NAME OF First Middle	Lost 4. DATE Month Day Year
OECEASED (Type or print) Elizabeth Hilliday	Jones DEATH April 18, 1960
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Female Negro WIDOWED DIVORCED	June 9, 1906   Sayrs. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU	
during most of working life, even if retired) Housewife Housewife	Dorchester County, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Coston	Monte T Mations
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Mary L. Waters NFORMANT Address
(Yes, no, or unknown) (If yes, give war ar dates of service)	Torongo Torog Combridges MA
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	larence Jones, Cambridge, Md.
	rt Disease Onset and Death
IMMEDIATE CAOSE (d)	I O DESCRIO
92V.) DUE TO	
Conditions, if any, which (b) (b)	
couse (o), stating the under-	
lying cause last. ) (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Hypertension	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the form of work of work of work of work of the form	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State ctory, street, office bldg., etc.)
21 I cartify that I attended the deceased from Turno 7	0
	occurred at 2 A.M. fram the causes and an the date stated above
dive distance and mar dealing	ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)
ACTUAL PER FASCES	MD. 227 Pine St-Cambridge, Md. 4-21-
SIGNATURE	M.D. CETTITIO DO OCCUPIE LA CONTROL DE LA CO
PHYSICIAN'S J. Edwin Fassett, M.D.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
	emetery Madison, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Michael Male & Cambridge	Md. DAYER 25'60 Cilms & Knows

the state of the s 

death.

certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

range Parydend Variation Do. · O II -- -- III bere forult of the frait Camimalian innyland 125 Loonet St. and the latest of the latest o Loroladore No. No. No. of and So \_\_\_\_\_ transfer to lists, demonstrate, benchman mobiling I waryen program 2 men Witers relient c'e D. arter soluer gen Estima solvede Genziam, forteen Timber W. Trompeon Combacky und aposition James W. Thompson And the state of t in Compad entered Antique, Captures Marris Description

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPA. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) y is necesse...
I director. Page for your files. e. COUNTY b. COUNTY Dorchester Dorchester Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Cambridge, RFD # 3 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Cambridge Maryland Hospital RFD # YES NO SE 3. NAME OF Middle Last 4. DATE Dey Month Yeer DECEASED OF (Type or print) Mary Edna Lloyd Mallalieu DEATH 19 60 with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. may 2 with lest birthday) ould be executed within 24 hours after deal in pencil in Item 18. Give Pages 1, 2, and 3. Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 withousl, and in any event within 72 hours Months Hours WIDOWED ME DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Milton, Pa-USA own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William M. Lloyd Mary Hughes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detas of service) J. Clifton Mallalieu Jr., RFD # 3, Cambridge 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5 days IMMEDIATE CAUSE (a) Uremia (Acute exacer-DUE TO This certificate should word "pending" in p Kimmelstiel-Wilson's Disease bation) 8-10 daws gave rise to immadiate causa ute the certificate, writing the word "pending" towarded to the Chief Medical Examiner's LL DIRECTOR: Page 3 should be used as a nated agent, prior to burial, cremation, or rer DUE TO (a), stating the underlying Intracapsular fracture of neck of left femur 25 days PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T Diabetes Mellitus YES 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING Deceased fell at home on 3-21-60 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While 3-21-60 at work at work Home Cambridge Dorchester Md. 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection X, Inquiry X, and in my opinion Undetermined manner Accident X Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER Should be for FUNERAL 1 SIGNATURE 4-16-60 DEPUTY MEDICAL EXAMINER Locust Street Eldridge H. Wolff, M.D. NAME (Type) Addrass (Streat, city, town, or county) Cambridge. Marylad 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country REMOVAL (Spacify) 0 40 6 4-18-60 B urial Greenfield Cemetary Hempstead, Long Island, N.Y. 23. FUNERAL DIRECTOR VS. A15ME DATAPR 2 0 '60 arilus & Kraus Fairchild Funeral Chapel, Garden City, N.Y. 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

or the second 1 % dra , with internal A === for he had been been subferred reliable byoth the veck lowering - con new contract - elivering self-oil well of Willited M. Microw The Control of the Co and the street with the control of the street of the stree ment of the state and the season in . T. T. Brauel and hest-grain was seen biskinger by O. Bish a Lity & Principle Euneral Chapel, Pardon City, N.E. . AND S. A. C. . The State of the state

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18

4524

CERTIFICATE OF DEATH



1. PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Where de a. STATE Maryland	b. COUNTY Dorc	nce before admission) hester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give gearest town) Federalsburg - Rural	c. LENGTH OF STAY IN 16 10 months		corporate limits, write RURAL and le - Rural	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Eldorado Road		d. STREET ADDRESS Brookvie	W	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Dora.	Middle Ellen 1	dilligan 4. D.	April 2	4 Day Year 19 60
Female White wipov	RRIED NEVER MARRIED DIVORCED DIVORCED	August 6, 1879	last birthdoy) 80 yrs. Months	R 1 YEAR IF UNDER 24 HRS.  Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	Home	Dorchester Co		S.A.
13. FATHER'S NAME Marvel Lowe		Rebecca Jone	es	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		nformant oger S. Milligan,	Address Rhodesdale, Md	., R.F.D.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if dny, which gove rise to immediate cause (o), stating the under: lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS  PART II. OTHER SIGNIFICANT CONDITIONS  OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CETTER NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BU			INTERVAL BETWEEN ONSET AND DEATH 3 4
20c. TIME OF INJURY Month, Doy, Year 20d. Hour o.m. 19 Whi at w	INJURY OCCURRED 20e. Ple Not while ork of work	LACE OF INJURY (Home, form, lectory, street, office bldg., etc.)  19921, ta fine haccurred at 3:35 PM, factory, street, office bldg., etc.)	(City or town)	(County) (Stote)  last saw the deceased the date stated abave.  PATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL April 26,196	22c. NAME OF CEMETERY CO Brookview Co		LOCATION (City, fown, or county).  Brookview, Maryl.	
23. FUNERAL DIRECTOR'S SIGNATURE J.J.Framptom and Son, Fed	ADDRESS	yland DATE	REGISTRARIO 246. REGISTRARIS.	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dorchester

Day

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(State)

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

. IS RESIDENCE

ON A FARM?

YES NO RA

Year

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4514

### **CERTIFICATE OF DEATH**

1.4477

Reg. Dist. No

1.	PLACE OF DEATH	er		MARYLA		JSUAL RESIDENCE (WH	ere deceose	d lived. If institution b. COUNTY				on)
	b. CITY OR TOWN (If outside corporate limits, write RHRAL and give nearest town)  Cambridge  c. LENGTH OF STAY IN 1b  3 Days					c. CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest town)						
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  Cambridge Maryland Hosp.					/d. STREET ADDRESS / 117 High Street					e. IS RESIDENCE ON A FARM? YES NO	
3.	NAME OF DECEASED (Type or print)	Estèlle	st	Dawson		Nathan	4. DATE OF DEATH	April	<sup>th</sup> 29,	Day		eor 60
5. :	Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED  ED TO DIVORCED		Sept. 2, 18	87	9. AGE (In years last birthday) 72 yrs.	Months	_	Hours	Min.
100	HOUSEWIT	ON (Give kind of work king life, even if retired	done 10b.	NIND OF BUSINESS OR Home	INDUSTRY	11. BIRTHPLACE (Stote Pennasyla		country)		SA		DUNTRY?
13.	FATHER'S NAME	enry Dawson			14	Mary	Ellen	Dawson				
15. (Ye	WAS DECEASED EVE is, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s WW ]	ervice)	social security no.		mant pital <sup>R</sup> ecor	ds	C <sub>ambridge</sub>		ylan	ıd	
			A	ne for (o), (b), ond (c).] ntero-laters ulmonary inf			fareti	Lon		2	VAL BET T AND days	DEATH
	couse (o), stating lying couse lost.	the under- DUE TO		oronary scle	rosis	3				un	know	n
CERTIFICATION	PART 11. OT	HER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DEAT	h but not	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART		PERFOR	UTOPSY RMED? NO
	20g. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (Er	iter noture of injury in I	Port I or Por	rt II of item 18.)				
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Ye		NJURY OCCURRED 2	0e. PLACE ( foctory,	OF INJURY (Home, form street, office bldg., etc	20f. (City	y or town)	{C	ounty)		(Stote)
	21. I certify the alive an	ldridge H.	deceas , 19_	ed fram 3-2 and that d	leath ac		M, fram ADDRESS (S	the causes an	d an the stote)	date :	stated DATE	abave.
220	BURIAL, CREMATIC REMOVAL (Specify	n, 22b. DATE THEREO		22c. NAME OF CEMET		Cemetery		TION (City, town, ombridge	Mary	land	(Stote	*)
23.	FUNERAL DIRECTOR		Servi	ADDRESS Cambrid	be M	24a. REC'	D BY REGIS	TRAR 24b. REGIS	STRAR'S SIG	8. The	44	

TO HOSPITAL moy be o VS A15 (4) 15M 9/58

# HIABURG STADBURD STADBURD OF DEATH.

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TON		MARTIAND STATE DEPARTME	ENI OF HEALTH—BALTIMORE, 18	05710
W/		CERTIFICA	ATE OF DEATH Reg.	Dist. No.
(3)	1. [	PLACE OF DEATH  COUNTY  DORCHESTER  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reso. STATE b. COUNTY D	orchester
		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	C. CITY OR TOWN (If outside corporate limits, write RURAL or RFD#2 - AIRCUS	ma give nearest town)  Mary ITNd
(67	(	d. NAME OF HOSPITAL (If not in hospital, give-street oddress) OR INSTITUTION AME OF HOSPITAL (If not in hospital, give-street oddress)	J. aurora Street	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) BALU BOY.	Parry. 4. DATE Month April	30th 1960
	5. 5	NalE Colored WIDOWED   DIVORCED	April 30-1960 lost birthdoy) Mont	DER 1 YEAR IF UNDER 24 HRS. This Days Hours Min.
	100	USUAL OCCUPATION (Give kind of work done of the liber of working life, even if retired)	MARY/ANd, 1	AMETICA
1	13.	FATHER'S NAME KOBERT VIVIAN Campa	14. MOTHER'S MAIDEN NAME L'ETT LETINE HART	ret Rong
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 18. pive war or dates of service)	atherine Terry (Mother)	RFD#2 CAMBI
		IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	nt /	INTERVAL BETWEEN ONSET AND DEATH
		7.7.6 DUE TO		
		Conditions, if any, which gove rise to immediate coese (a), stating the under.		
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19 20d. INJURY OCCURRED While Not while of work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(County) (Stote)
		21. I certify that I offended the deceased from. 4/30		t I last saw the deceased
1		ACTUAL SIGNATURE	occurred ot \$170 P. M., from the couses ond o  ADDRESS (Street, city or lown, state)  M.D. 104 C. C. S. T.	n the date stated above.  DATE SIGNED
		PHYSICIAN'S WIND HANKS	CAMBEDGO M	ed.
	220	b. Burial, CREMATION, REMOVAL (Specify) Burial  22c. NAME OF CEMETERY OF Airey Cem.	R CREMATORY 22d. LOCATION (City, town, or coun	sty) (Stote)  S MJ Wy/h
Acti.	23.	FUNERAL DIRECTOR'S SIGNATURE  Y-) Mus Nothan Perry Gran	Idm ather baller 12 250 Office	S SIGNATURE
and 1	-	- 17183 XVI	Chilling &	· 4

Manager Land And Tolk Tolk Tolk The same and the same was a first than the same and the s

4516 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND Dorchester Maryland Dorchester funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) pluods Cambridge Rural - Cambridge d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Cambridge Maryland Hospital YES NO X 3. NAME OF Middle 4. DATE Last Month Year Day DECEASED OF DEATH (Type or print) Apri Danie Webster 1960 Richardson 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months WIDOWED A DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Oystering Dorchester County, Md. USA Waterman carban 13. FATHER'S NAME ofter Lydia Joseph Richardson Warfield remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 3. Cambridge, Md William Richardson, RFD 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN Arteriosclerotic Cardiovascular Renal Disease AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, If ony, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, farm, 20f. (City or town) Day, Year (County) (Stote) foctory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased from March 26, 1960, to April 13, 1960 that I last saw the deceased alive on Apri and that deoth occurred ot \_\_\_\_\_M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL Pine St-Cambridge. SIGNATURE Edwin Fassett. M.D. NAME (Type) FUNE 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Beckwith Cemetery 1960 Dorchester County 23. EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR DATE APR 25 '60 Cambridge, Md. arthur & Thous 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A 15M

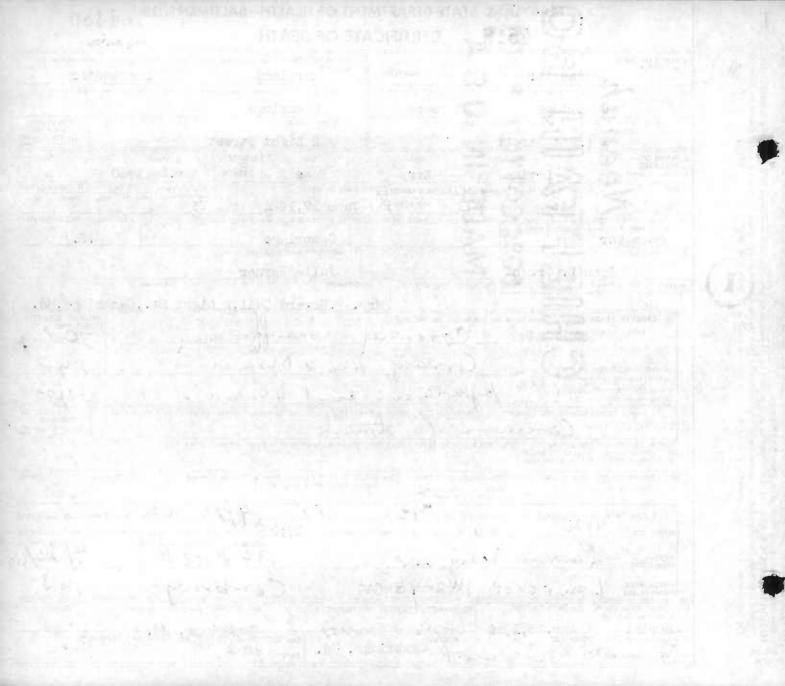
M	4517 CERTIFIC	ATE OF DEATH	Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTYDorchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE aryland	. If institution: Residence before admission) b. COUNTORCHESTER
	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 Weeks	c. CITY OR TOWN (If outside corporate line Robbins	mits, write RURAL and give nearest town)
X	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTIGUENCE Boundry Rd.	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle OT Stella.	Robbins 4. DATE OF DEATH	April 10, 19 60
	5. SEX Female  6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AG lost October 28. 1904 55	t birthdoy) yrs.  IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Unknown  Unknown	USTRY 11. BIRTHPLACE (Stote or foreign country)  Maryland	12. CITIZEN OF WHAT COUNTRY?
-	13. FATHER'S NAME  Ada * Richard J. Robbins	14. MOTHER'S MAIDEN NAME  Ada Taylor	
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [If yes, give war or dates of service)	INFORMANT	Address
	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  LASTALE	Carcinomatos	oridge Maryland INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate	of left bro.	1 - 1498=
	codse (o), stoling the <u>under-</u> lying couse lost.  (c)	0	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURI OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	JT NOT RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NO
		RED. (Enter noture of injury in Port I or Port II of	item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work of work	PLACE OF INJURY (Home, farm, 20f. (City or to actory, street, office bldg., etc.)	wn) (County) (State)
1	ACTUAL SIGNATURE BUNCH B. Punker M. P.	th occurred ot 6 P. M., from the ADDRESS (Street, of M.D. 200 Maryland Avenue)	causes and an the date stated above tity or town, state)  DATE SIGNED  10-12-60
	220. BURIAL CREMATION, 22b. DATE THEREOF April 12, 196 Greenlawn	Cambridge, Marylar OR CREMATORY Cemetery  22d. 19CATION ( ambr	nd (City, town, or county) (Stote) ridge Maryland
X	23. funeral Director's Signature Compte Funeral Service Cambridge	Maryland DATE APR 12 '60	24b. REGISTRAR'S SIGNATURE Ording S. Frank

		CERTIFIC	
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VS A15 (4) 15M 9/5B

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (448) 4518 CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH				2.	USUAL RESIDENCE (W	here decease			befare odmi	ission)
a. COUNTY	Dorchester		MARYLA	ND	o. STATE Marylar	nd	b. COUNTY	Dorche	ester	
RURAL and give r	If outside corporate lim learest tawn) Cambridge	ts, write	c. LENGTH OF STAY IN	1b	3 Cambric		orate limits, write f	RURAL and giv	ve nearest to	wn)
d. NAME OF HOSPI	TAL (If nat in haspital, g	ive street	4		d. STREET ADDRESS	-6-			e. IS RI	ESIDENCE
OR INSTITUTION	2 Light Str	eet			2 Ligh	t Stre	et			A FARM?
3. NAME OF DECEASED	Fi		Middle		Last	4. DATE OF	Mai		Day	Year
(Type ar print)	Levi	na	Arry		Rose	DEATH	Apr. 26	5,1960		19
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	☐ B. C	ATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UNI	
Female	White	WIDOWI	ED DIVORCED	J	une 17,188	4	75 yrs.		Days Haurs	Min.
10a. USUAL OCCUPATI	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (State	e ar fareign	country)	12. CITIZI	EN OF WHAT	COUNTRY?
Homemaker		<b>'</b>			Cambridge	е			U.S.	
13. FATHER'S NAME			and the second	1	4. MOTHER'S MAIDEN	NAME				
J	ohn L. Green	n			Julia Ho	rner				
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT		Add	dress		
(Yes, no, or unknown)	(If yes, give wor or dates of s	ervice)	if soft with I	Mrs.	W. Howard	Dail.2	Light S	t. Camb	oridge	Md.
18. CAUSE OF DE	ATH [Enter only one co	use per li	ne far (a), (b), and (c).]		4	00 .			INTERVAL	BETWEEN
PART I. DE	ATH WAS CAUSED BY:		Corona	u	Insul	the	0-4		ONSET AN	DUEATH
1270	DUE TO			1		U.			-	2
			Comany	2	O. Y Di	see a	1		16	-
Canditions, if a	immediate (		Corona	/ 3	and of	1			1	-
lying cause last.		N	yhertensin	re ,	Kenny D	sea	ne.		64	N
PART It. OT	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	AINAL DISEA	SE CONDITION GI	VEN IN PART	1(a) 19. WAS	S AUTOPSY ORMED?
CA	Cerro	non	wer of o	tim	uch				YES [	NO [
OR CONTRIBUTING	AS UNDERLYING  GCAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW WIJURY OCC	URRED. (I	inter nature of injury in	Part I ar Pa	ort II of item 18.)			
20c. TIME OF INJU Hour a. m. p. m.	RY Manth, Day, Ye	ar 20d. II While at war	_ Nat while		OF INJURY (Hame, far, street, affice bldg., et		ty ar town)	(Co	iunty)	(State)
21. I certify t	hat I attended the	deceas	ed fram.	2	, 19) ), to	41	26, 196	that I last	t saw the	deceased
alive an	4/16	. 19	GO and that de	eath a	curred at 10:00	OM. fram				
	0	1					Street, city or town		11 P	TE SIGNED
ACTUAL SIGNATURE	d'aurène	2 VV	anjener	M.D		360	Race St		7/	26/6
PHYSICIAN'S NAME (Type)	Lawren	16	Maryan	ww	C	aml	bridge	3	M	9
22a. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREG	)F	22c. NAME OF CEMETE	RY OR C	REMATORY		ATION (City, town,			ate)
Burial	Apr. 28	1960	Cambridge	Come	tery	Camb	TRAR 246. REG			
23. FUNERAL DIRECTOR	S SIGNATURE	con	ADDRESS	idge		HAY 2	360 246. REG	Cathun .	S. France	
					Ditte					



## direct funeral pe should Filled a ned by FUNE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4519 CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Dorchester Dorchester Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cambridge - Church Creek d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Cambridge Maryland Hospita YES NO TO 3. NAME OF Middle 4. DATE Last Month Year Day DECEASED (Type or print) DEATH Thomas Henry Apri Ross 1950 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours WIDOWED | DIVORCED | Male egro June 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Farmhand Farming Dorchester Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rosie Dixon IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Ida Ross. Church Maryland Creek. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Cardiovascular Accident PART I. DEATH WAS CAUSED BY: **DUE TO** Arteriosclerotic heart disease Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CERT MEDICAL 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form. 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) Hour o. m. White Not while at work at work p. m. 21. I certify that I attended the deceased from March April 15, 1960 that I last sow the deceased \_\_\_\_, 1960 to\_\_\_ glive on Apr and that deoth occurred ot\_\_\_\_\_M, from the couses and on the dote stated above. ADDRESS (Street, city or town, state) ACTUAL Pine St-Cambridge . Md. SIGNATURE PHYSICIAN'S Edwin Fassett. M.D. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 1960 Old Field Cemetery Dorchester County FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

Cambridge, Md. arthur S. Firaus

THE RESERVE OF THE PARTY OF THE  MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Their Dist Heal STANKER BOILD TO TO TO TAKE A SANT \*Of Talenton 500 \* STUTE TO THE MORE A Lord Told Told Told Told Columnia Color Marilland Sugar, Doverson, Doverson, Dept. Mar Said I was all the Said of the said how from andress, hell NOW DECEN , and and early and the second of the second the was expressed and particular remaining S. DAriotellisping PM semestres, Docartille, 110, 1. PLACE OF DEAT

5. SEX

10a. USUAL OCCUI during most of Hou

13. FATHER'S NAME

IS. WAS DECEASED

CERTIFICATION

MEDICAL

							IMORE, I			184
PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceased	lived. If institution	n: Residen	ce before	admission)
o. COUNTY	Dorchest	יוב	MARY	LAND	a. STATE		b. COUNTY	_		
	outside carporate limits		c. LENGTH OF STAY	IN 1b		Andrea Secretaria da Sela	ote limits, write RI			
494 11			Tife		13 3 De	obson S	treet			
Dorchester    Dorchester		IS RESIDENCE								
	idge Marv	land	Hospita		Cami	bridge.	Marvla	nd		YES NO
NAME OF						4. DATE				
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	1105.10							12 CIT	IZEN OF	WHAT COUNTRYS
during most at work	ing life, even if refired)									
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WAS DECEASED EVE		The state of the s	I. Sh. alla Bad.	17 18	JEODMANT	France	S ELLI	ott		
s, no, or unknown)		vice)	SOCIAL SECORITI NO			a	Addr	ess 3.4		
					IIIIam La	yton, C	ampride	e, m		
	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	0			t Disease	Э			ONSE	AND DEATH
lying cause last.	) (c).									
PART II. OTH		-				ERMINAL DISEASE	CONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	☐ CAUSE OF DEATH I	70b. DESC	CRIBE HOW INJURY O	CCURRED	). (Enter nature af injur	y in Part I or Part	II of item 18.)			
Haur o. m.		While	Not while	20e. PLA foc	CE OF INJURY (Home, tary, street, office bldg.	farm, 20f. (City etc.)	or town)	(0	County)	(Stote)
21. I certify th	at Lattended the	decease	ed from Sent	t 1.	1959 to	April	18 1060	that I I	ast saw	the deceared
alive on Apr	12 18 Haly		^		occurred at	M, from	the causes a	nd on th	ne date	
PHYSICIAN'S	J. Edwin B	ใลยร	ett,M.D.							

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)
BURIAL 4/24/196 22c. NAME OF CEMETERY OR CREMATORY

Cemeterv

22d. LOCATION (City, tawn, or county) Maryland 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR DATE APR 25 '60

(Stote)

ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE Cambridge. Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

